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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/001,620
Filing Date	October 23, 2001
First Named Inventor	David A. Poindexter
Art Unit	3652
Examiner Name	Thomas Brahan
Attorney Docket Number	969.001

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

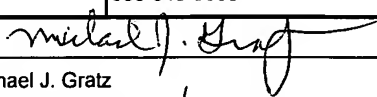
The reasons for this request are: See Attached

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

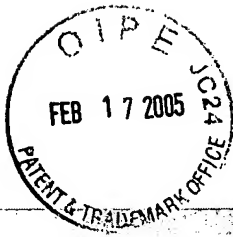
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Howard Hanson Robotic Lift Systems		
Address	PO Box 85		
City	Sauk City	State	WI Zip 53583
Country	USA		
Telephone	608-643-5000	Fax	608-643-5001
Signature			
Name	Michael J. Gratz	Registration No.	39,693
Date	2/14/05	Telephone No.	414-225-9755

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

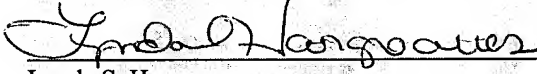
This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO, to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**Certificate Of Mailing Under 37 CFR 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date indicated below.

  
Lynda S. Hargreaves

2-14-05  
Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Poindexter et al.

Art Unit: 3652

Serial No.: 10/001,620

Examiner: Thomas Brahan

Filing Date: October 23, 2001

Confirmation No.: 1157

Title: DUMPING AND TRANSPORTING ACCESSORY HAVING A TELESCOPING LIFT  
WITH A PIVOT MOUNTED TROLLEY

**REQUEST TO WITHDRAW AS ATTORNEY OR AGENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Dear Sir:

The undersigned, on behalf of himself and all other attorneys of record, hereby applies to withdraw as attorney or agent for the above-identified patent. The undersigned makes this request because the Assignee has repeatedly failed to timely respond to our requests for further instruction in this and other matters despite repeated requests to do so. This failure has also forced the undersigned to incur substantial expenses in connection with this application and other matters handled on Assignee's behalf. The undersigned attorney simply cannot afford to represent Assignee without open dialog, further instruction, and without reimbursement.

Upon approval of this request, please forward all future correspondences to the Applicant  
at the following address:

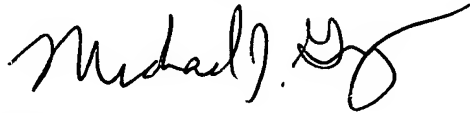
Mr. Howard Hanson  
Robotic Lift Systems  
P.O. Box 85  
Sauk City, WI 53583

Approval of this request therefore is believed to be in order and is respectfully requested.

Dated: \_\_\_\_\_

2/14/04

Respectfully submitted,



Michael J. Gratz  
Reg. No. 39,693  
*Attorney for Applicant*

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